



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID #

C101279

OFFICE USE ONLY

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STATEMENT DATE 05-04*2010		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6,7,8,9,10,11	
3. FULL NAME OF COMMITTEE Amy Hilgemann for State Representative					
4. COMMITTEE MAILING ADDRESS ADDRESS: 4131 Blaine Ave CITY / STATE / ZIP: St. Louis, MO 6311				5. TELEPHONE NUMBER 314-771-4718	
6. TREASURER'S NAME Mary O'Connell				8. TELEPHONE NUMBER HOME: 314-762-0166 WORK:	
7. TREASURER'S MAILING ADDRESS ADDRESS: 916 Shenandoah CITY / STATE / ZIP: St. Louis, MO 63104				8. TELEPHONE NUMBER HOME: 314-762-0166 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Robert Hilgemann					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 4131 Blaine Ave CITY / STATE / ZIP: St. Louis, MO				11. TELEPHONE NUMBER HOME: 314-771-4718 WORK: 314-330-4645 (cell)	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Southwest Bank 2301 S Kingshighway St. Louis, MO 63110 B. ACCOUNT NAME Amy Hilgemann For State Representative C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
<b>AMENDMENT</b>					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION				CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION				CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <i>Mary e O'Connell</i> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY ) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <i>Amy Hilgemann</i> CANDIDATE'S SIGNATURE	

Missouri Ethics Commission  
MAY 10 2010